ISSUE SLIP STAPLE AREA (for additional cross references)

POSITI N	INTIALS	iD NO.	DATE	
DETERMINATION				
E. CLASSIFIER				
MALITY REVIEW	400	432	06-22-0	
RESPONSE FORMALITY REVIEW	ÚK	1109	11-19-0)	
ONSE FORMALITY REVIEW	Ľĸ .	1109	11-10	

INDEX OF CLAIMS

Rejected Allowed	N Non-elected
- (Through numeral) Canceled	A Appeal
	O Objected

÷	Restricted	0	Objected	
Claim Date	Claim	Date	Claim	Date
Final (1) Original (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Final Original		Final Original	
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BEST AVAILABLE COPY

12-17

If more than 150 claims or 10 actions staple additional sheet here

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